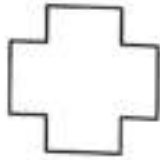


09.12.23



PANCHMUKHI HOSPITAL

Dr CP Dadhaniya
Dr RC Dadhaniya
MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

policy number :
full name : Rathod Kajalben Himmatkumar
identity proof : Aadhaar card
identity proof no : 9697
gender : female / 31
height : 160
weight : 48
B P : 100/70
pulse : 70/min Regular
blood sample : Yes
fasting mode : Yes
non fasting mode : Yes

past history : L.S.C.S is done on 17-01-2022.

Dental : Healthy

Romberg Test :

Colour vision : Normal

ડૉ. રાજીસ કાજલબેન હિમત કુમાર

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (CIH)
Regd. No. 619798
Code No. 378943
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.

NAME : Rukhad Rajal
AGE/GENDER: female / 37

DIAG. DATE: 09/12/23

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	N	N	N	6/6
	N	N			6/6
L	D	N	N	N	6/6
	N	N			6/6

REMARKS :

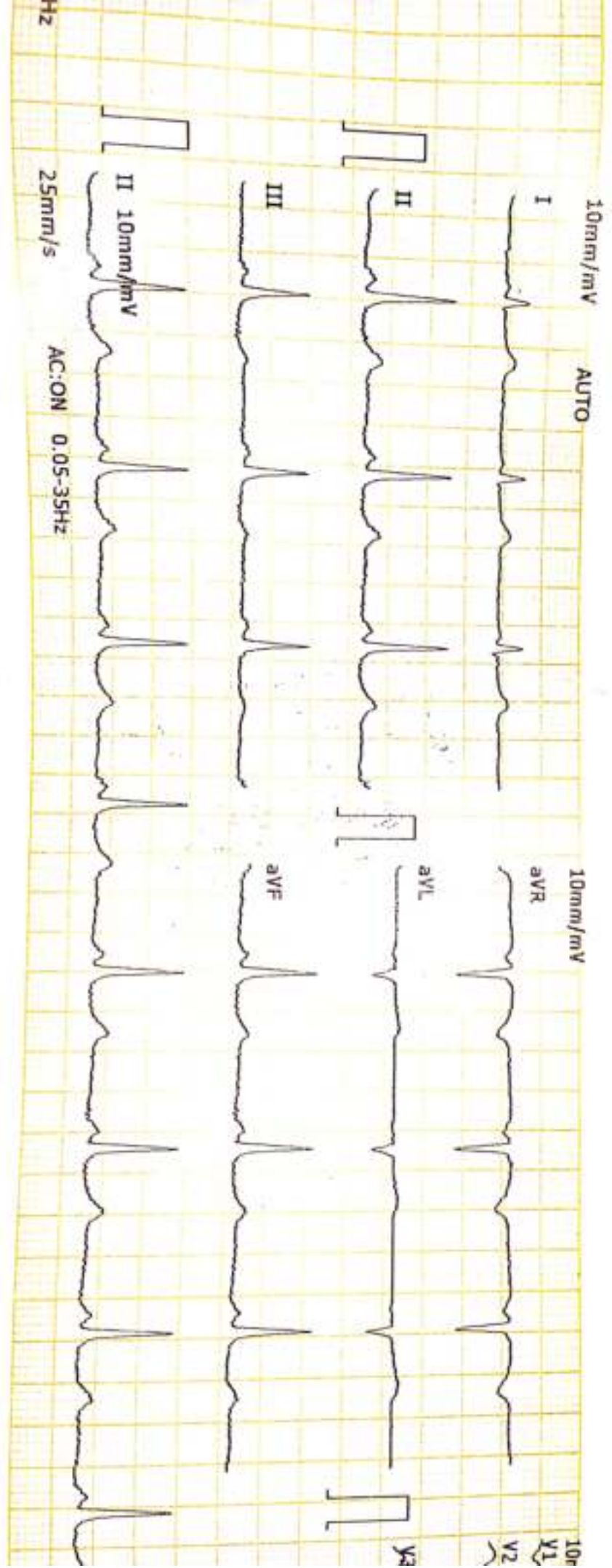
CHECKED BY: Dr. C.P. Dadhania

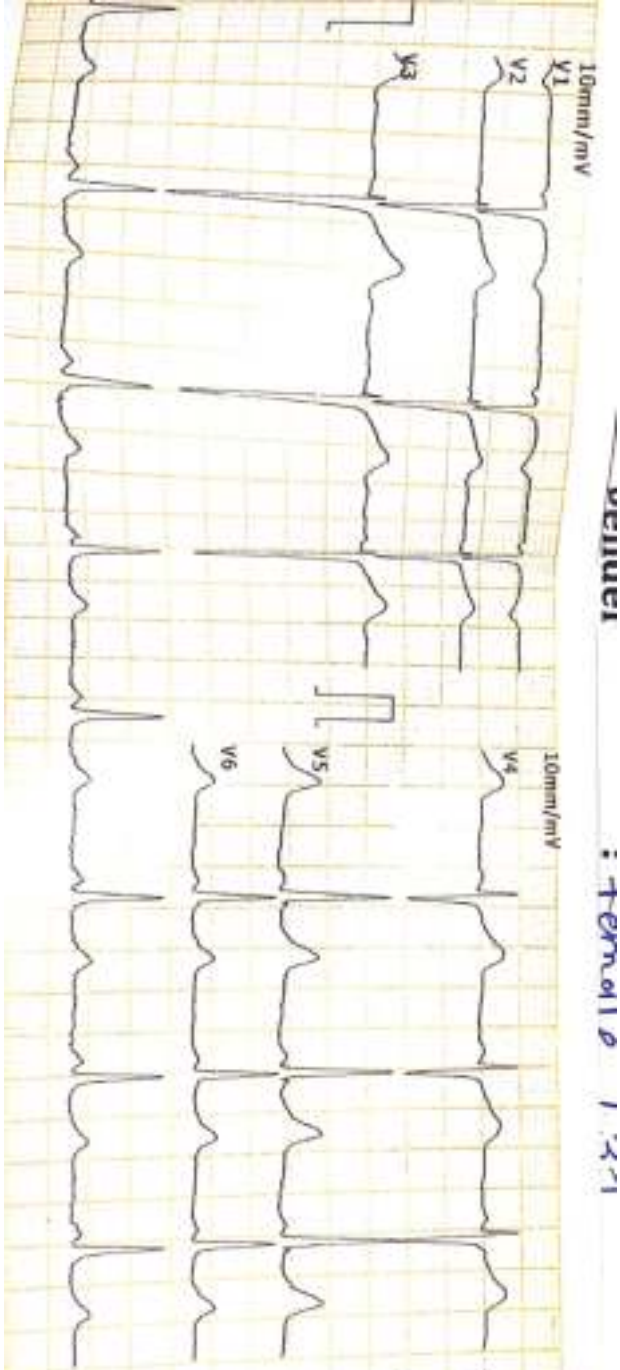
रिजिस्ट्रार सिविल सर्जन सिविल सुधार

DR. C. P. DADHANIA
M.B. Dip. Ophthalmology
Ind. Physician (Ophthalmology)
Reg. No. 619798
Reg. No. 378943
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.

160

160





ECG : Female 1.5.21

Handwritten text in Devanagari script: २१६७ ३१०४५०१३५५५५५

2023-12-9 8:45:43 ID: 00003639
 ID Card:
 Name: **Ruthod Rajalberem** Gender: **Female**
 Age: **31** Height(cm):
 Weight(kg): **51** BP(mmHg):
 HR: **born 59**
 P-R: **DR. C. P. DAHDANIYA** 126
 Q-R-S: **MD. P. DABETOLOGIST** 106
 QT/QTc: **MD. Physician (CH)** 426/456
 P/QRS/T AXES: **Ref No. 619798** 70/75/46
 RVS/STV1: **Code No. 378943** 0.84/0.76
 RVS/STV1: **Panchmukhi Hospital** 1.60
 RVS/STV1: **Mavdi Chowki**
 RVS/STV1: **150 Ft. Ring Road, KAJKOT.**
 Report Confirmed by:
 *The report must be confirmed by doctor



ભારત સરકાર

Government of India



રાઠોડ કાજલબેન હિમતકુમાર

Rathod Kajalben Himatkumar

જન્મ તારીખ/DOB: 16/03/1992

સ્ત્રી/ FEMALE

8927 5766 9697

VID : 9128 0673 0647 5735

ગુજરાત સરકાર ગુજરાતી ભાષા સંચાલન



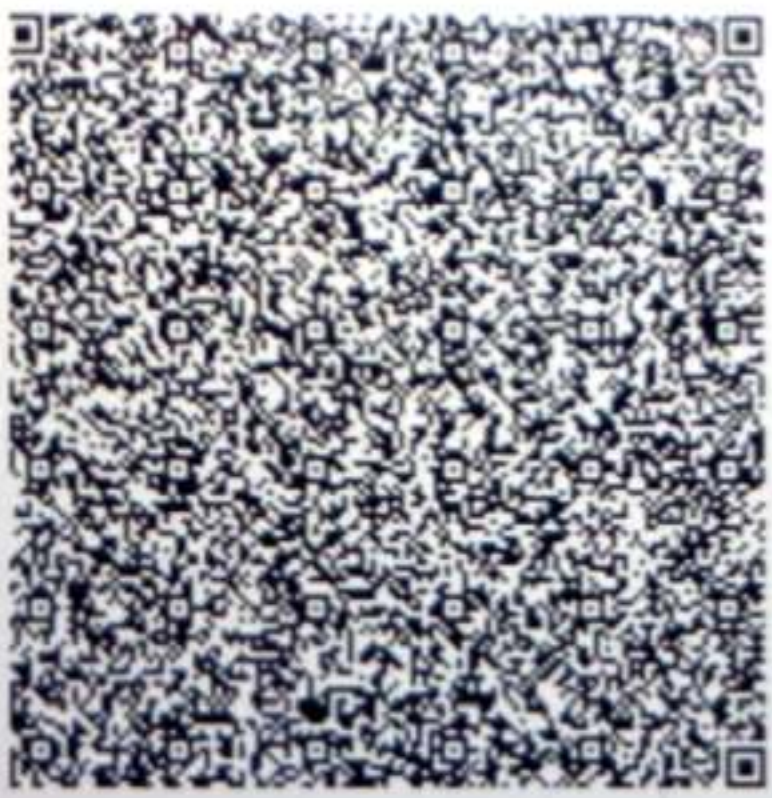
ભારતીય ઇલેક્ટ્રોનિક્સ ઓથોરિટી

Unique Identification Authority of India



સરનામું :
કામિગઢ, અમરેલી,
ગુજરાત - 365440

Address:
KAMIGADH, Amreli,
Gujarat - 365440



8927 5766 9697
VID : 9128 0673 0647 5735



1947



help@uidai.gov.in



www.uidai.gov.in



*Mediwheel rathod
kajal*

 **GPS Map
Camera Lite**

21-22, Ring Rd, near Mahiraj Hotel, Poonam Society, Om
Nagar, Rajkot, Gujarat 360004, India

Latitude

22.2653753°

Longitude

70.7846397°

Local 08:54:20 AM

GMT 03:24:20 AM

Altitude 145 meters

Saturday, 09.12.2023



TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	9.0	g/dL	12.5 - 16.0	
Hematocrit (Electrical Impedance)	27.50	%	37 - 47	
RBC Count (Electrical Impedance)	4.56	million/cmm	4.2 - 5.4	
MCV (Calculated)	60.3	fL	78 - 100	
MCH (Calculated)	19.7	Pg	27 - 31	
MCHC (Calculated)	32.7	%	30 - 35	
RDW (Calculated)	17.0	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	6990	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	55 %	% Range 42.02 - 75.2	Abs. Value 3845 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	37 %	20 - 45	2586 /cmm	1000 - 3900
Eosinophils (%)	03 %	1 - 4	210 /cmm	0 - 450
Monocytes (%)	05 %	2 - 8	350 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
Platelete Parameter				
Platelet Count	438000	/cmm	150000 - 450000	
MPV	8.7	fL	7.4 - 10.4	
P-LCR	15.20	%	11.9 - 66.9	
PDW	8.0	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.38	%	0.2 - 0.5	

towards the healthiness...

D.R.I.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 1 of 16

Dr. Viral R. Jethava
M.D. (Path. PDCC)





TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	*A*		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

towards the healthiness...

D.R.J.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 2 of 16

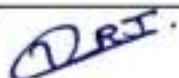
Dr. Viral R. Jethava
M.D. (Path. PDCC)




TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	10	mm/hr	3 - 12

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 3 of 16

Dr. Viral R. Jethava
 M.D. (Path. PDCC)



TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXONWASE</small>	87.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.


Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 4 of 16

Dr. Viral R. Jethava

M.D. (Path. PDCC)


towards the healthiness...



TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) HEXORWASE	73.00	mg/dL	70 - 140

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

DRJ

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 5 of 16

Dr. Viral R. Jethava

M.D. (Path. PDCC)





TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	176.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	118.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens AHDL</small>	68.00	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <small>Siemens ALDL</small>	84.40	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190
VLDL Cholesterol <small>Calculated</small>	23.60	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	1.24		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.59		0 - 5.0

towards the healthiness...

D.R.I.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 6 of 16

Dr. Viral R. Jethava
M.D. (Path. PDCC)





TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.87	mg/dL	0.55 - 1.02
eGFR	120.08	ml/min/1.73 sq m	Normal or High: >=90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15
Urea <small>Calculated</small>	31.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	14.48	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	4.58	mg/dL	2.6 - 6.2
Sodium <small>Direct ion selective electrode</small>	138.9	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.56	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	101.5	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	9.2	mg/dL	8.5 - 10.1

towards the healthiness...

D.R.I.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 7 of 16

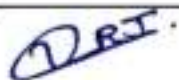
Dr. Viral R. Jethava
M.D. (Path. PDCC)




TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	39.00	U/L	5 - 55

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 8 of 16

Dr. Viral R. Jethava
 M.D. (Path. PDCC)




TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	4.97	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <small>Calculated</small>	95.94	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation :

- Total hemoglobin A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

HbA1c assay Interferences :

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

DRJ

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 9 of 16

Dr. Viral R. Jethava

M.D. (Path. PDCC)



towards the healthiness...



TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) CLM	3.640	µIU/ml	0.35 - 5.50

Remarks:

- Thyroid-stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.
- In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL
- Reference: Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 5th Edition. Philadelphia: WB Saunders, 2012:2170

Triiodothyronine (T3) CLM	0.99	ng/mL	0.6 - 1.81
-------------------------------------	------	-------	------------

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

D.R.I.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 10 of 16

Dr. Viral R. Jethava

M.D. (Path. PDCC)



towards the healthiness...



TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

Thyroxine (T4) 11.10 µg/dL 4.5 - 12.6
CLM

Clinical Significance:

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

towards the healthiness...

D.R.J.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 11 of 16

Dr. Viral R. Jethava
M.D. (Path. PDCC)





TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

PHYSICAL EXAMINATION

Quantity	30 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.0		4.6 - 8.0
Sp. Gravity	1.020		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

DRJ

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 12 of 16

Dr. Viral R. Jethava

M.D. (Path. PDCC)





LABORATORY REPORT

Name	: Rathod Kajalben	Reg. No	: 312100438
Sex/Age	: Female/31 Years	Histo / Cyto No	: C3H00162
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Reg. Date	: 09-Dec-2023 03:53 PM
Client Name	: PANCHMUKHI HOSPITAL	Collected On	: 09-Dec-2023 03:54 PM
		Report Date	: 09-Dec-2023 04:45 PM

CYTOPATHOLOGY REPORT

Specimen :

Liquid Based Cervical Cytology Material.

Grossing Description :

C3H00162/23

Microscopic Description :

Specimen Adequacy : Satisfactory for evaluation.

Endocervical cells (Transformation Zone Component) : Seen.

Partially obscuring component like inflammation : Seen.

General Categorization : Negative for Intraepithelial Lesion and Malignancy.

Squamous Cell Abnormalities :

Squamous cell : Normal superficial & Intermediate squamous cells are seen.

Few glandular normal endocervical cells present.

No evidence of malignancy in studied smear.

Non Neoplastic cellular variation like :

Squamous metaplasia : Not seen.

Keratotic changes : Not seen.

Tubal metaplasia : Not seen.

This is an electronically authenticated report

Dr. Viral R. Jethava
M.D. (Path, PDCC)


LABORATORY REPORT

Name :	Rathod Kajalben	Reg. No :	312100438
Sex/Age :	Female/31 Years	Histo / Cyto No :	C3H00162
Ref. By :	Dr. PANCHMUKHI HOSPITAL / INSURANCE		
Client Name :	PANCHMUKHI HOSPITAL	Reg. Date :	09-Dec-2023 03:53 PM
		Collected On :	09-Dec-2023 03:54 PM
		Report Date :	09-Dec-2023 04:45 PM

Atrophic changes : Not seen.
 Pregnancy associated changes : Not seen.

Reactive cellular changes associated with :

Inflammation : Absent.
 Radiation : Absent.
 Intrauterine Contraceptive Device (IUD) : Absent.

Organism :

Normal vaginal flora preserved.
 Shift in flora suggestible of bacterial vaginosis : Not seen.
 Trichomonas Vaginalis : Not seen.
 Fungal organism morphologically consistent with Candida species : Not seen.
 Bacteria morphologically consistent with Actinomyces species : Not seen.
 Cellular changes consistent with Herpes Simplex Virus : Not seen.
 Cellular changes consistent with Cytomegalovirus : Not seen.

Impression :

Negative for Intraepithelial Lesion or Malignancy.

Clinical and Radiological correlation and SOS further work up is advised.

This is an electronically authenticated report



Dr. Viral R. Jethava
 M.D. (Path, PDCC)


towards the healthiness...



LABORATORY REPORT

Name :	Rathod Kajalben	Reg. No :	312100438
Sex/Age :	Female/31 Years	Histo / Cyto No :	C3H00162
Ref. By :	Dr. PANCHMUKHI HOSPITAL / INSURANCE	Reg. Date :	09-Dec-2023 03:53 PM
Client Name :	PANCHMUKHI HOSPITAL	Collected On :	09-Dec-2023 03:54 PM
		Report Date :	09-Dec-2023 04:45 PM

This is an electronically authenticated report



Dr. Viral R. Jethava
M.D. (Path, PDCC)





TEST REPORT

Name : Rathod Kajalben	Reg. No : 312100438
Age/Sex : 31 Years / Female	Reg. Date : 09-Dec-2023 03:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Dec-2023 03:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:47 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.28	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.21	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	3.07	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.37		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	31.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	48.00	U/L	14 - 59
Alkaline Phosphatase <small>Siemens/37C</small>	79.00	U/L	46 - 116
Total Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.48	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.13	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.35	mg/dL	0.0 - 1.1

----- End Of Report -----

towards the healthiness...

D.R.J.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 16 of 16

Dr. Viral R. Jethava
M.D. (Path. PDCC)





પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડાહાણીયા
ડૉ. સી. પી. ડાહાણીયા
MBBS, Dip.G.O, Diabetologist

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, રાજકોટ આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૬૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date: ૧/૧૨/૨૩

સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામાં આવે છે

ડૉ. રાજેશ્રીબેન ડાહાણીયા
૦૨-૨૩૭૩૧૬૫૧૬૩

વિષય - શુભ રિપોર્ટ જાહેર
લાભ માટે.

ડૉ. રાજેશ્રીબેન ડાહાણીયા
શુભ રિપોર્ટ જાહેર
લાભ માટે છે

ડૉ.
રાજેશ્રીબેન ડાહાણીયા
રાજકોટ હિમાચલિયા

Dr. C. P. DADHANIYA
M.B.B.S., C.I.H.
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI.
150' RING ROAD RAJKOT

દવાનું રિએક્શન આવે તે દર્દીની તાસીર ઉપર આધાર રાખે છે

• ફરી આવો ત્યારે આ ડાગળ સાથે લાવવો



PATIENT NAME : RATHOD KAJALBEN

DATE: 09 December 2023

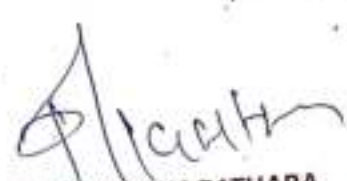
USG ABDOMEN AND PELVIS

- **LIVER:** is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- **GALL BLADDER:** Well distended and appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- **PANCREAS:** appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.
- **SPLEEN:** is normal in size and echotexture. No evidence of focal or diffuse lesion seen.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No evidence of hydronephrosis on either side. Simple cyst of size about 32 x 43 mm is seen in upper pole of left kidney.
- **URINARY BLADDER:** Minimally distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **UTERUS:** is grossly normal. No adnexal mass is seen
- No free fluid is seen in the POD. Visualized bowel loops appears unremarkable, No evidence of necrotic lymphadenopathy is seen, RIF/ LIF clear, Bilateral C-P angel clear.

CONCLUSION:

- Simple cyst in upper pole of left kidney.

Thanks for reference.


DR PRATIK KAGATHARA
MD

Pat.s' Name: HIMMANTBHAI RATHOD

DATE: 9 December 2023

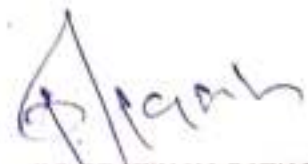
U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico-medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angles clear.

CONCLUSION:

- Grade I fatty changes in liver.

Thanks for reference.



DR PRATIK KAGATHARA
MD



RATHOD KAJALBEN 31 Y/F CHEST PA 09-Dec-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

Tread Mill Test

Patient Name	: Kajalben Rathod	Age	: 31yrs/F
OPD/IPD	: OPD	ID. No.	: 2077
Ref. By	: Dr. C.P.Dadhaniya	Resting BP	: 120/80
Report Date	: 09/12/23	Max. BP	: 140/80

Patient Reaches exercise limit at 7.00 METS.

No signs of ischemia at the exercise level and during recovery phase.

Adequate increase of HR & BP.

No significant Arrhythmia.


The stress test was terminated after 6:00 minutes as patient complained of Fatigue.
Patient achieved 92% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

Conclusion: - The stress test is NEGATIVE for exercise induced myocardial ischaemia.

DR. MAULIK HANSALIA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY


DR. NISHANT SIRODARIYA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

CURE CARDIOLOGY CLINIC

2nd floor, Kansagra Hospital, Astron Chowk, Sardarnagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87

CURE CARDIOLOGY CLINIC

DR. NISHANT SIRODARIYA

Summary

5584661 / KAJALBEN RATHOD
31 Yrs / Female
09-Dec-2023 12:17:59 PM

Protocol : BRUCE

Medication :
Ref By : DR C.P.DADHANIVA

Objective :
History :

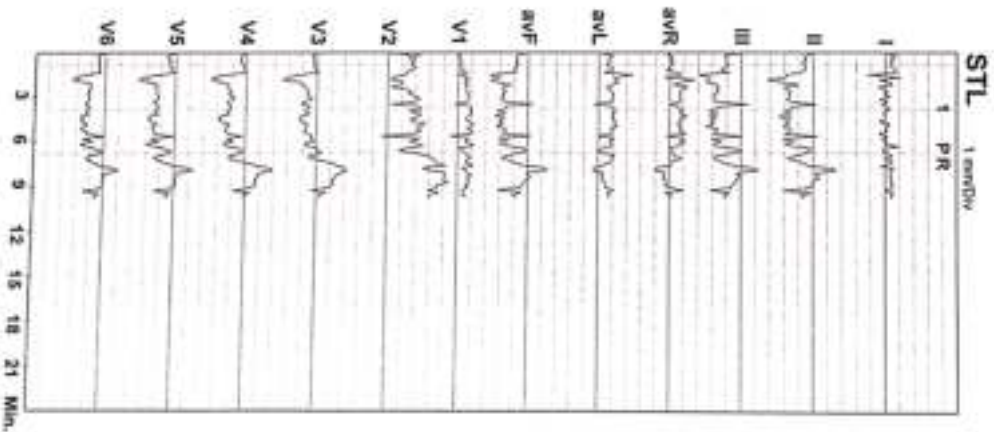
Stage	Stage Time (Min:Sec)	Phase Time (Min:Sec)	Speed (kmph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	97	120/80	116	-	
Standing					1.0	97	120/80	116	-	
HV					1.0	95	120/80	114	-	
ExStart					1.0	96	120/80	115	-	
Stage 1	3:00	3:01	4.3	10.0	4.6	150	130/80	195	1	
PeakEx	3:00	6:00	6.4	12.0	7.0	173	140/80	242	-	
Recovery	1:00		0.0	0.0	1.0	122	140/80	170	1	
Recovery	2:00		0.0	0.0	1.0	107	130/80	139	1	
Recovery	3:00		0.0	0.0	1.0	103	130/80	133	1	
Recovery	3:01		0.0	0.0	1.0	105	130/80	136	-	

Findings :

Exercise Time : 6:00 minutes
Max HR attained : 173 bpm 92% of Target 189
Max BP : 140/80(mmHg)
Max Workload attained : 7 (Fair Effort Tolerance)
No significant ST segment changes noted during exercise or recovery.
No Anginal/Arrhythmia/S3/murmur
Final Impression : Test is negative for inducible ischaemia.

Advice/Comments:

0.7/RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH



DR. NISHANT SIRODARIYA / DR. MAULIK HANSALI

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
5584661 / KAJALBEN RATHOD
31 Yrs / Female
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:17:59 PM

HR: 97 bpm
METs: 1.0
BP: 120/80

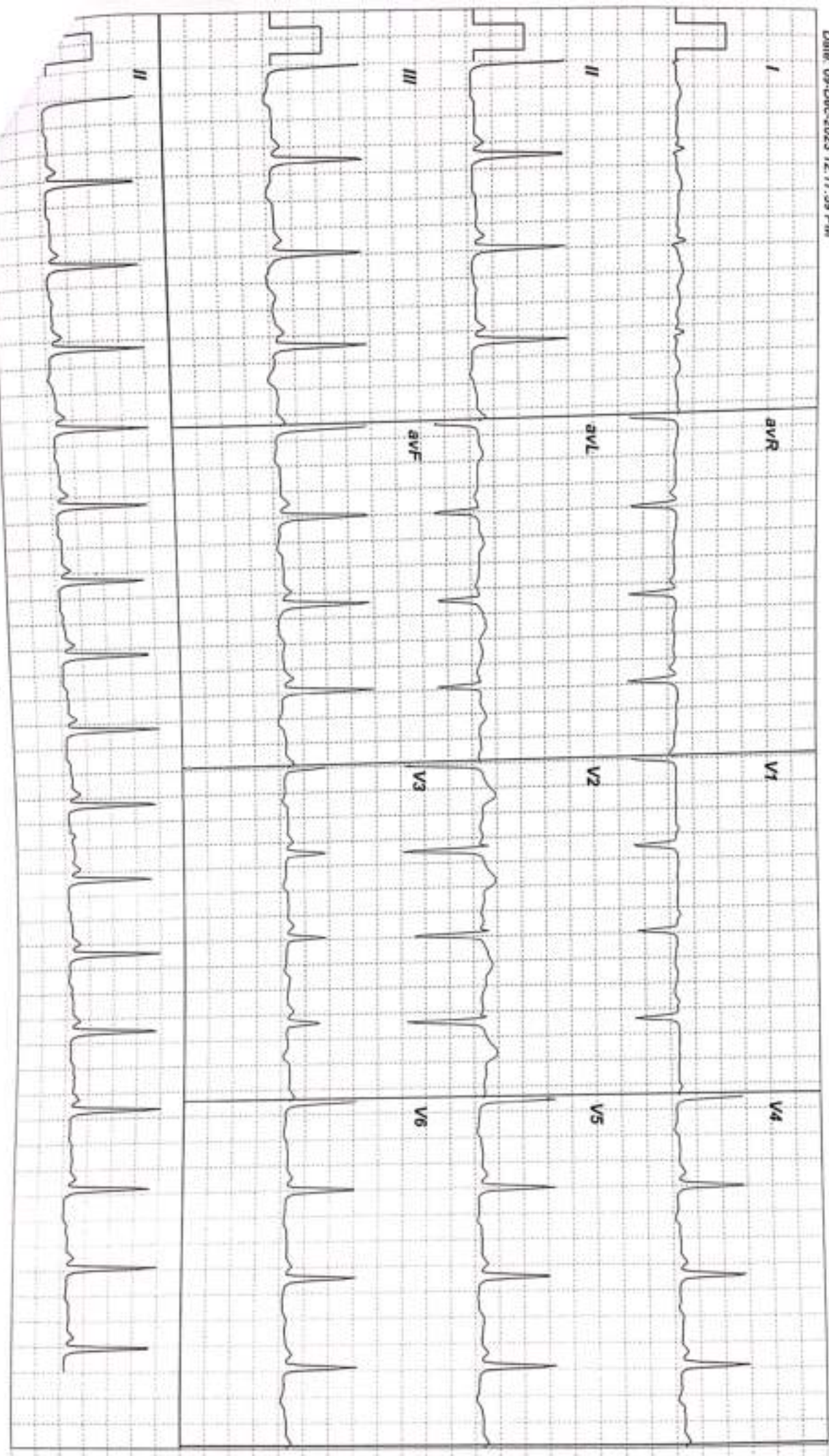
Tgt HR: 51% of 169
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)/12

Ex Time 00:35
BLC: On
Watch: On

3x4+1 Rhythm Lead

Supine
1.0 Cm/mV
25 mm/Sec



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
5584661 / KAJALBEN RATHOD
31 Yrs / Female
0 Kg / 0 Cmv
Date: 09-Dec-2023 12:17:59 PM

HR: 97 bpm
METs: 1.0
BP: 120/80

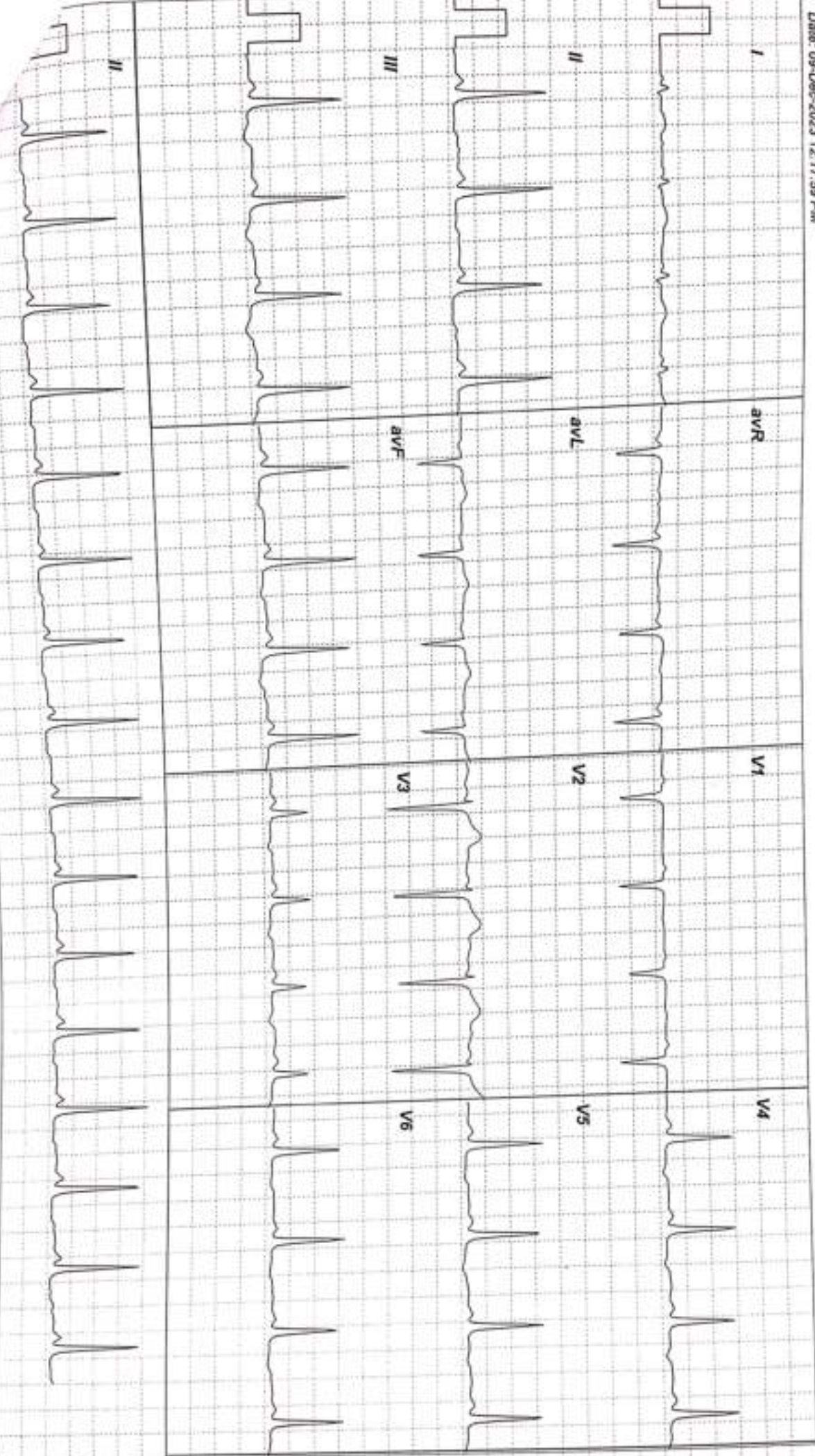
Tgt HR: 51% of 199
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 00:42
BLC : On
Molch : On

3x4+1 Rhythm Lead

Standing
1.0 Cm/mV
25 mm/Sec



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT,
5594661 / KAJALBEN RATHOD
31 Yrs / Female
0 Kg / 0 Cmt/
Date: 09-Dec-2023 12:17:59 PM

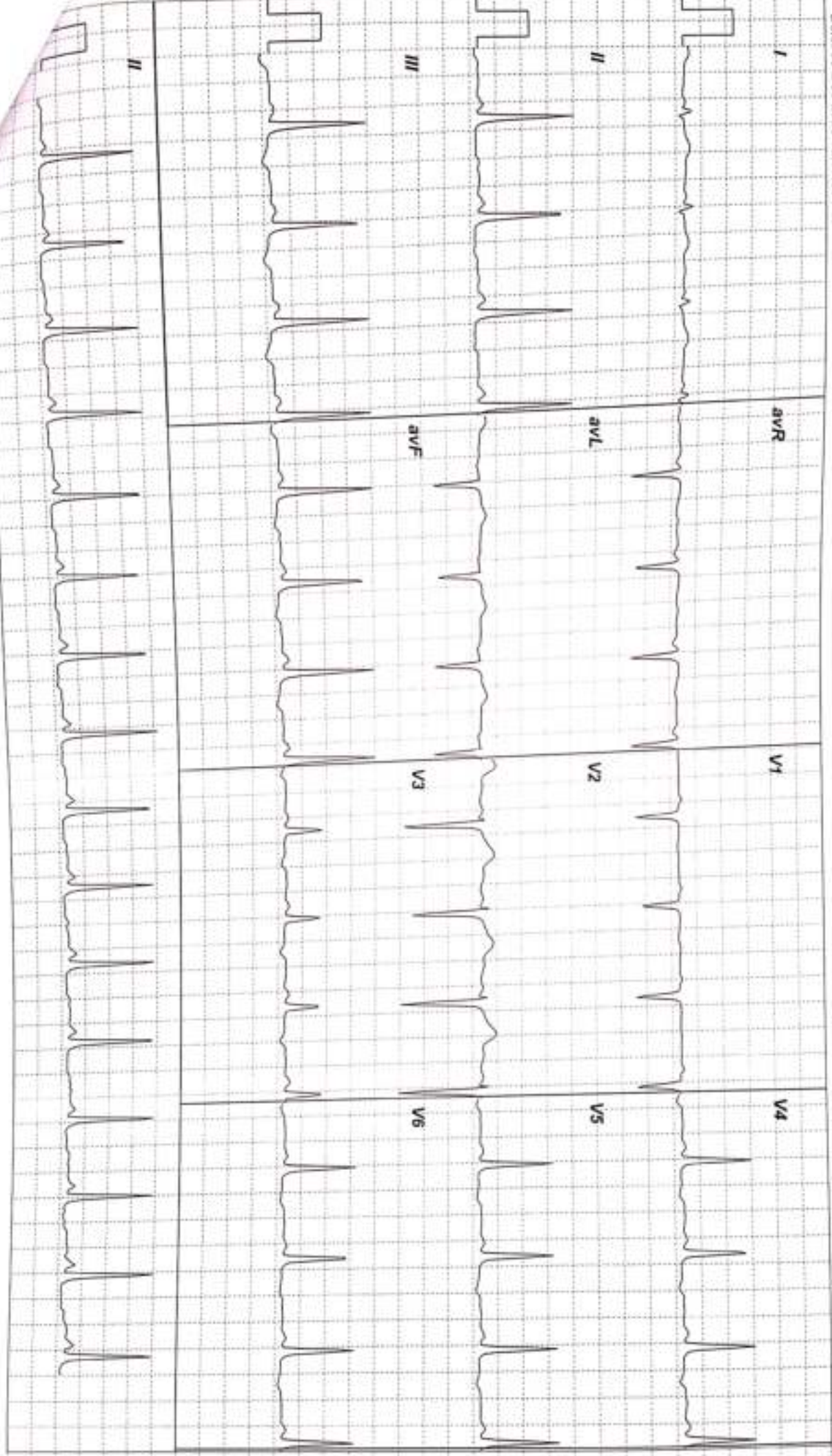
HR: 95 bpm
METs: 1.0
BP: 120/90

Tgt HR: 50% of 169
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: SRUCE
(0.05-100)Hz

Ex Time: 00:45
BLC: On
Watch: On

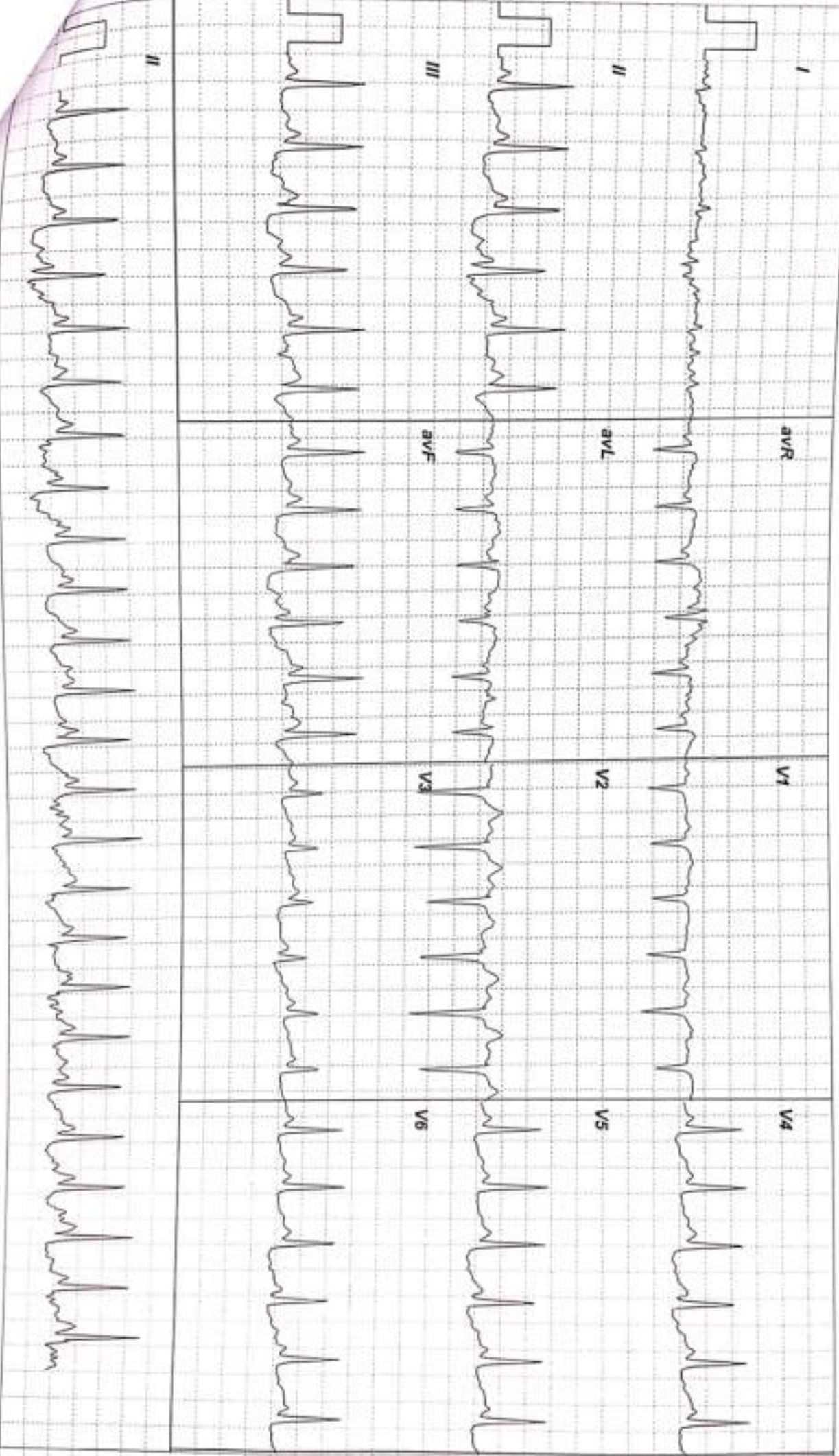
3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
5584661 / KAJALBEN RATHOD
31 Yrs / Female
0 Kg / 0 Cm
Date: 09-Dec-2023 12:17:59 PM

HR: 150 bpm
METs: 4.6
BP: 130/80
Tgt HR: 79% of 189
Speed: 2.7 mph,
Grade: 10.0%Raw ECG
Protocol: BRUCE
(0.05-100)Hz

3x4+1 Rhythm Lead
BRUCE: Stage 1(3:00)
1.0 Cm/mV
25 mm/Sec

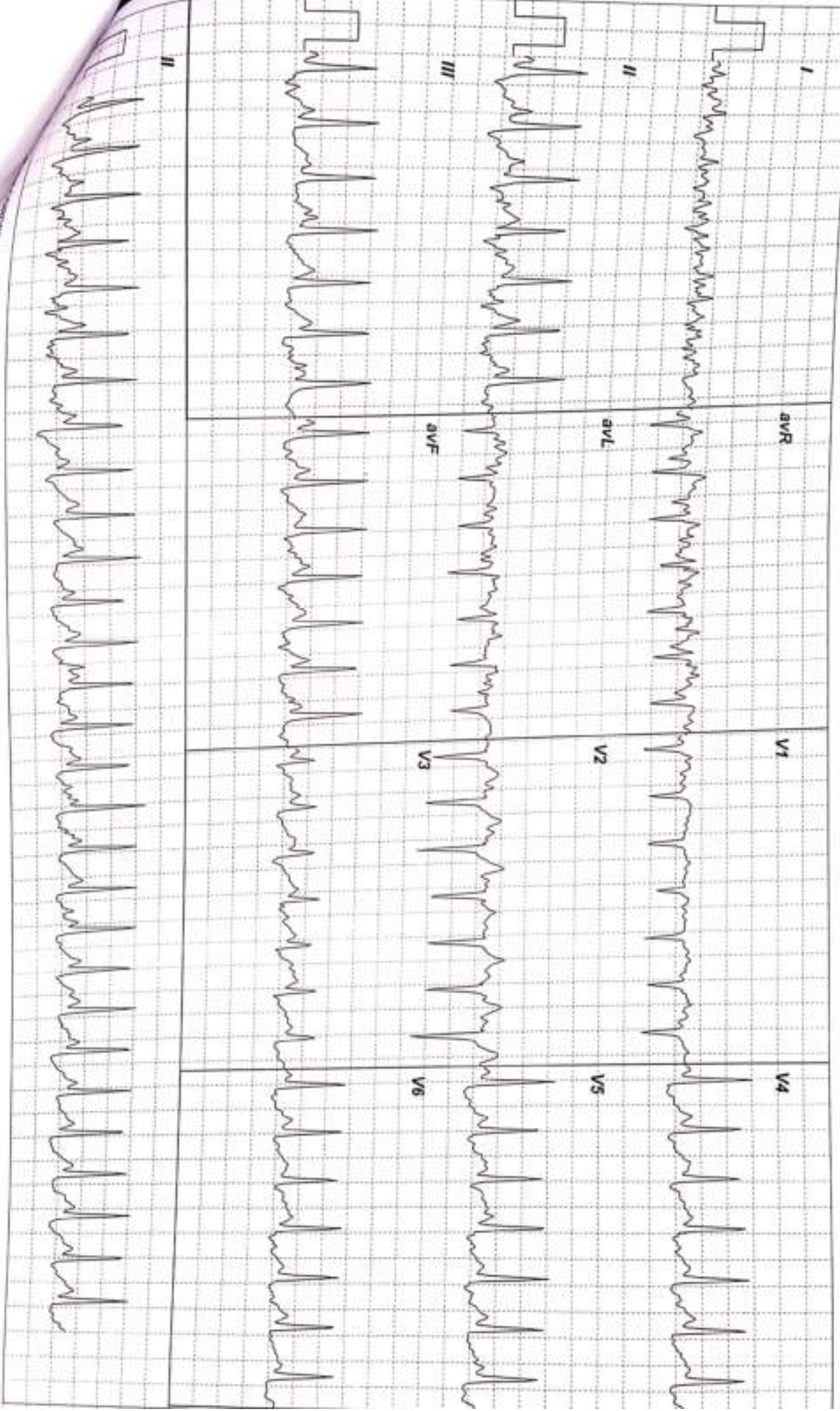


CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
5584661 / KAJALBEN RATHOD
31 Yrs / Female
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:17:59 PM

HR: 173 bpm
METs: 7.0
BP: 140/80
Tgt HR: 91% of 189
Speed: 4.0 mph,
Grade: 12.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz
Ex Time 05:59
BLC: On
Notch: On
BRUCE: PeakEx(3:00)
1.0 Cm/mV
25 mm/Sec

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
5584661 / KAJALBEN RATHOD
31 Yrs / Female
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:17:59 PM

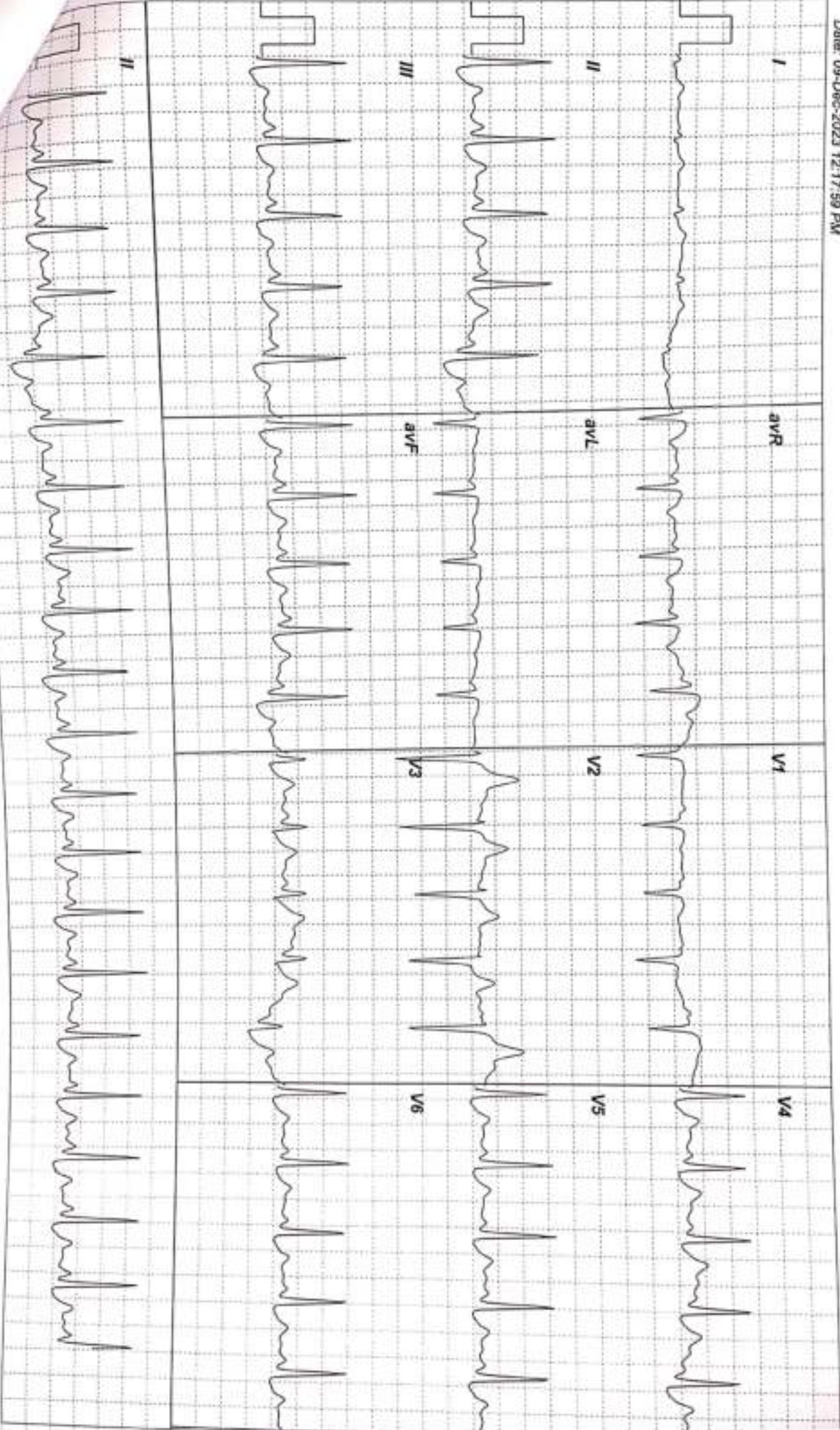
HR: 122 bpm
METs: 1.0
BP: 140/80

Raw ECG
Tgt HR: 64% of 189
Speed: 0.0 mpm,
Grade: 0.0%

Protocol: BRUCE
(0.05-100)/Hz
Ex Time 06:00
BLC: On
Match: On

Recovery(1:00)
1.0 Cm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
5584661 / KAJALBEN RATHOD
31 Yrs / Female
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:17:59 PM

HR: 107 bpm
METs: 1.0
BP: 130/80

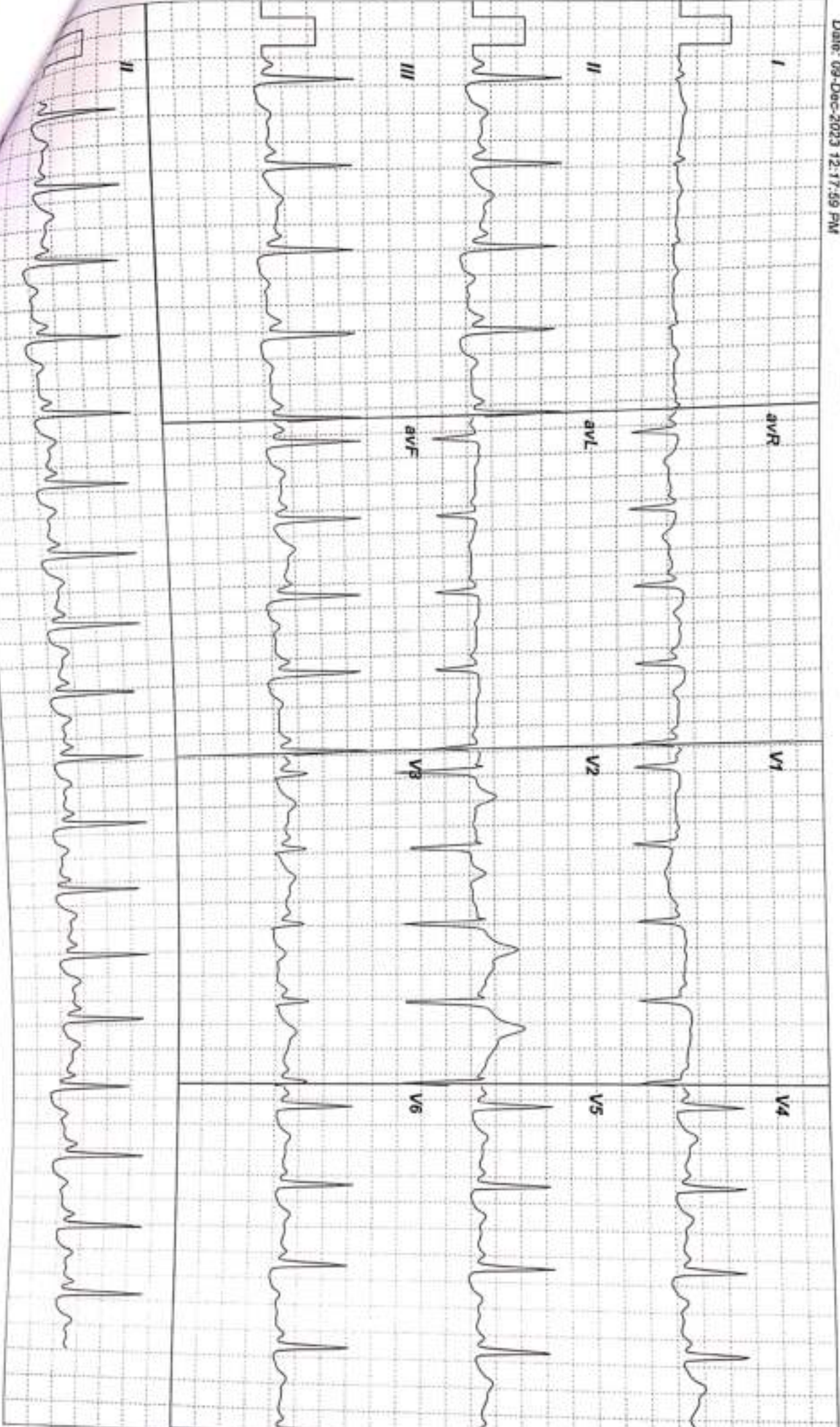
Tgt HR: 56% of 189
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol BRUCE
(0.05-100)Hz

Ex Time 06:00
BLC : On
Natch : On

Recovery(2:00)
1.0 Cm/mV
25 mmv/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT,
5584661 / KAJALBEN RATHOD
31 Yrs / Female
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:17:59 PM

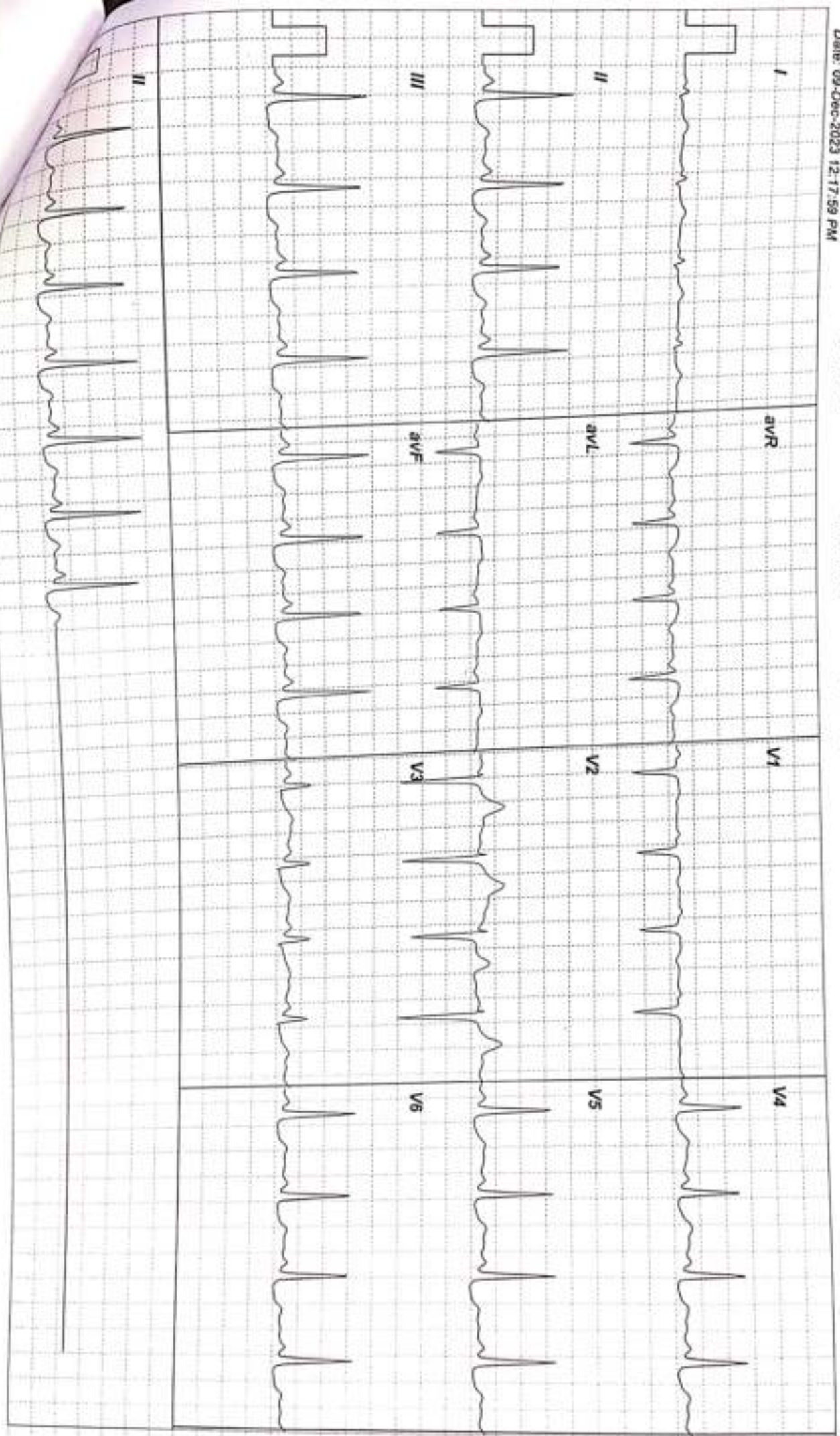
HR: 103 bpm
METs: 1.0
BP: 130/90
Tgt HR 54% of 189
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:00
BLC: On
Notch: On

Recovery(3:00)
1.0 Cm/mV
25 mm/Sec

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
3584661 / KAJALBEN RATHOD
31 Yrs / Female
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:17:59 PM

HR: 105 bpm
METs: 1.0
Tgt HR: 55% of 169
Speed: 0.0 mpm,
Grade: 0.0%

Raw ECG
Protocol BRUCE
(0.05-100)Hz

Ex Time: 06:00
BLC: On
Notch: On

3x4+1 Rhythm Lead
Recovery(3:01)
1.0 Cm/mV
25 mm/Sec

